

Traveling Amusement Show
Traveling Circus

Mechanical Rides, Fixed Location Indoor Circus

Name of Show or Site: _____ **Year:** _____

☐ TRAVELING SHOW, ITINERARY

[illegible]

Use additional sheets as needed.

Duplicate this form as needed.

□ FIXED LOCATION

Opening Date:	Closing Date:
Notes (List operating date, "Weekends Only", etc.):	

Certificate of Insurance

The Certificate of Insurance MUST show coverage of No Less Than \$1,000,000 General Liability, and must indicate the nature of the coverage (Traveling Amusement Show, Amusement Park, etc.)

The Certificate of Insurance **MUST** show the following:

CERTIFICATE HOLDER:

**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, ME 04333-0052**

CANCELLATION CLAUSE:

The Standard wording must be changed by:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will (DELETE endeavor to) mail 10 days written notice to the certificate holder named to the left. (DELETE: But failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents, or representatives.)

INSPECTIONS: Inspections are required prior to opening. **Call at least two (2) weeks** prior to your scheduled opening date to schedule an inspection.

DEFINITION: The term “Mechanical Ride” includes Amusement Devices and Inflatable Devices.

OTHER PERMITS: Additional permits are required from the Office of the State Fire Marshal for performances using **PYROTECHNICS** or **FLAME EFFECTS**.

It is the owner's responsibility to determine if any other agency or jurisdiction has permit requirements that pertain to this show.

No other agency or jurisdiction can waive any requirements of the Office of the State Fire Marshal.